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DISLOCATIONS OF THE CLAVICLE.

[Communicated for the Boston Medical and Surgical Journal.]

FROM its anatomical relations and connections, the clavicle is more frequently the subject of accident than any other bone in the human skeleton. It was rightly named "clavis," not only from its resemblance to the ancient key, but as being the key itself that has unlocked the fortunes or misfortunes of many a chirurgical aspirant. Fractures of the clavicle are of far more frequent occurrence than the accident under consideration; the proportion, according to some of our best authorities, being as six to one. It is not long since that I was called to visit a boy of some dozen years, who, the messenger told me, had fallen and injured his shoulder. I found fracture of the collar bone; and, after applying my dressings, a younger brother was brought in, and an examination discovered the same accident, only on the opposite side! But dislocations of the bone I have never found quite so common. All surgical writers agree that the clavicle may be displaced at both its proximal and distal extremities. But the proportion in which these luxations occur, the indications for the restoration of the parts, and the means to be employed for fulfilling these indications, are items not so well established—are points upon which surgeons are not so well agreed. Boyer, Desault and Samuel Cooper represent that the sternal end of the bone is most frequently displaced; while Sir A. Cooper and other writers have found the scapular extremity most frequently dislocated. Of the 9 cases reported by Professor Hamilton,* 8 occurred at the scapular and but one at the sternal extremity of the clavicle. Some authors speak of three dislocations of the sternal extremity, whilst others mention but two. Again, whilst some surgeons, of high authority, labor to build up an anatomical argument against the possibility, even, of the downward dislocation in scapular displacements; others, equally eminent in the profession, report cases of this very accident! But leaving these controverted points of minor consequence, let us at once apply ourselves to the practical part of our subject.

* Transactions of the Medical Society of the State of New York, Albany, 1855.

Can dislocations of the clavicle be reduced, and coaptation be so perfectly maintained, that no deformity shall result? The highest authorities on both sides of the Atlantic say no. Sir A. Cooper was accustomed, at the conclusion of his lecture on this subject, to say to his class, "You are not to expect that the parts, after the utmost care in the treatment, will, in dislocations of either end of the clavicle, be exactly adjusted. Some projection, some slight deformity, will remain." Samuel Cooper, in his Surgical Dictionary, affirms that "the exact maintenance of the reduction, by any apparatus whatever, is found to be a matter of the greatest difficulty, and some deformity will remain." Dr. Reese, however, in his edition of the work, says in a note that "Dr. Cook, of Baltimore, has reported a case of the successful reduction of a dislocation of the clavicle at its scapular articulation."

M. Boyer remarks, that "notwithstanding the greatest assiduity of the surgeon, the luxated extremity will remain more prominent than that of the opposite side"—and that "this inevitable deformity would not be prevented, even though the tourniquet proposed by Brasdor were used." And Dr. F. Hamilton, in the Report already referred to, says, "I am quite sure that it will not be found often, if ever, practicable to retain the scapular end of the clavicle in place when it has been once dislocated; and the same difficulty will generally exist when the dislocation is at the sternal end." Of his 9 cases he remarked that "the clavicle was generally easily reduced, but in no instance was it made to remain in place." Mr. Ferguson, in his Practical Surgery, after giving directions how "an attempt may be made to keep the end of the bone (acromial) in its proper position," and assuring his readers that these means will in all likelihood not have the desired effect, concludes thus: "But unless the displacement be considerable, I believe it will be the best plan to let the shoulder alone, and merely keep the fore-arm in a sling." And of the sternal dislocation, he speaks in this wise: "Here, also, it is extremely difficult to keep the extremity in its proper seat—a false joint will in all probability be the result." And all this is endorsed by Dr. Norris, of the Pennsylvania Hospital, as good practice! I say endorsed—for he publishes Dr. F.'s article on dislocations of the clavicle, without comment. Mr. Liston and other writers hold much the same opinions, and all perfectly agree in looking upon the accident, if not quite, as pretty much beyond the resources of our art.

Here, then, is a mass of authority, and it might be very much increased, at once overwhelming, and to many surgeons entirely satisfactory. But what though MM. Boyer and Desault, the Coopers and the Bells, were accustomed to be listened to as speaking *ex cathedra*; does it follow, as a matter of course, that their dogmas in this instance are correct? And henceforth must every dislocation of the clavicle, end, if not in the "formation of a false joint," at least in impaired function and "inevitable deformity"? However consoling it may be to the surgeon who has an unsuccessful

case on his hands, to be able to bring all this array of authority to justify the result of his case ; to the patient who had a lame limb, as his inheritance for life, an aching joint that is a perfect barometer, in every change of the atmosphere, it is a very different affair. But let me not be understood as censuring the opinions or condemning the practice of others in these remarks. They have with candor expressed their opinions, and given us the results of their practice. They have not covered up their cases because they were unsuccessful, and by their manly frankness have laid the profession under obligations for their contributions. I have been deeply interested in Dr. Hamilton's Report, but am not a subscriber to his articles of belief. I would not be understood as saying that every dislocation of the clavicle can, by any means whatever, be perfectly restored—or that three cases out of every four, even, can be successfully treated. But that it is an accident that does not always, of necessity, leave the joint deformed in its appearance and impeded in its functions, the following cases will most satisfactorily prove.

CASE I.—This was a dislocation of the scapular extremity of the clavicle, and occurred to a man in middle life, very athletic, and of as powerful muscular developments as I remember ever to have seen. In this case I did not find that it was "as easy to restore the bone to its proper connections, as it was difficult to retain it." The clavicle was found riding upon the spine of the scapula, and by the action of unusually developed muscles, the articular surfaces were widely drawn asunder. Ether and chloroform were not then used, and it was only after persevering efforts that I succeeded in reducing the dislocation. Sir A. Cooper's clavicle bandage was applied, a cushion having been placed in the axilla—the shoulder was elevated as well as carried backward—the arm was secured to the side, and the fore-arm was suspended in a sling. A moderately thick compress was now placed over the end of the dislocated bone and acromion, and this was well secured by a leather strap and buckle passing over the compress and under the point of the elbow. Thrice in the three following days was the bone partially thrown from its articular connections, but was much more easily reduced than at first ; and was, after this period, so perfectly retained in situ, that my patient, in a short time, recovered entirely the use of his shoulder, having no deformity whatever.

CASE II.—The subject of this accident was almost a fac-simile of the preceding—middle aged, strong, muscular. But the dislocation was at the sternal extremity of the bone. It occurred about two years after the first, and shortly after the introduction of ether. The dislocation was forward and upward in this case. Ineffectual attempts were made at reduction until the patient was fully etherized, when it was easily accomplished. The clavicular bandage was applied, and a compress retained over the dislocated extremity of the bone by turns of the roller. This succeeded for the day, but during the night the dislocation returned. Chloroform was again administered, and the bone restored to its normal connec-

tions. The same dressings were applied, with the addition of a splint so carved as to fit the outlines of the chest and clavicle anteriorly, and make pressure on the sternal end of that bone, from before backward and from above downward. This, well padded, was secured by casts of the roller, and answered the purpose tolerably well. The bone was retained in its place, and a pretty good cure effected. The only thing perceptible was an unnatural fullness of the joint; its functions, after a few months, being not materially impaired.

CASE III.—This was a sternal dislocation, the clavicle being thrown forward. It occurred to a young man of about 25, on new year's eve, 1855. He was celebrating the holiday, when, unfortunately for himself, he took in too much ballast, considering the icy condition of our side-walks, and falling upon his shoulder he dislocated the collar bone. Having been summoned soon after the accident, I found not the slightest difficulty in reducing the dislocation without the use of ether. The patient had taken the alcohol and water uncombined with sulphuric acid, and it answered every purpose! Dr. Fox's apparatus, modified and improved by Dr. E. Bartlett of this city, was applied. This was the only dressing used, and the cure was perfect. There remained no deformity whatever, nor any impediment in the free use of the joint.

CASE IV.—January 24th, 1855, a lad of 11 years was thrown violently upon the ice by a larger boy, dislocating the clavicle at its scapular extremity. Ether was administered, and the clavicular surfaces brought into exact coaptation. Dr. Bartlett's apparatus was applied, together with the compress and bandage over the acromion; but it failed, as then constructed, of securing the end in view. A collar was placed around the shoulder of the affected side, and a strap passed from this to the apparatus on the sound shoulder, by means of which the scapulæ were approximated with a great degree of certainty, and so retained. The other indications were admirably fulfilled by the apparatus. A compress was now applied over the dislocated extremity of the bone, and firmly secured by the roller around the elbow. From this time forward there was no more difficulty. The parts were perfectly retained, and a speedy cure was effected; the dressings being all removed February 24th. So entirely successful is this case in its results, that not the slightest trace of deformity can be seen; and the most skilful surgeon cannot, by the most careful examination, tell me which clavicle was dislocated eight months ago.

Before dismissing this case, I would say that Dr. Bartlett's apparatus was of essential service in its successful treatment. And with the modifications he has since introduced, I consider it the most perfect, for the treatment of all injuries the clavicle is liable to sustain, of anything with which I am acquainted. It was intended for fractures of the clavicle only, but will answer well for dislocations of the sternal extremity, and must be considered a great acquisition in the treatment of acromial displacements. Let it not be

forgotten, however, that the compress over the dislocated extremity of the clavicle, well secured by successive turns of the roller around the apex of the elbow, I consider a *sine qua non* in the successful treatment of the latter class of luxations.

It is at this point, in my opinion, that surgeons have failed. Sir A. Cooper speaks of having the straps of his clavicular bandage "wide enough to press upon the clavicle, scapula and os humeri." And Sir Charles Bell, in his *Operative Surgery*, points to "the spica bandage around the shoulder-joint," as the means by which the dislocated extremity of the bone is to be retained in its socket. But neither can be relied on, according to the testimony of these very authors themselves; both will as surely disappoint the hopes of the surgeon as if he had applied, for his dressing, the shawl recommended by Liston; or, with Mr. Ferguson, had merely suspended the fore-arm in a sling. It matters not how accurately the dislocation may be reduced, or how securely the scapula may be drawn backward and elevated, and the humerus fixed to the side; if the action of that part of the trapezius implanted into the outer third of the clavicle be not contracted. For the serratus magnus, the pectoral and other muscles, do not, with more certainty, displace the scapula, than does this portion of the trapezius the scapular end of the clavicle when once dislocated. But the scapula and humerus being secured as above indicated, the apex of the elbow is, for all practical purposes, a fixed point, and one that is available in this accident. It affords us the means of completing a dressing at once efficient, and that, in most cases of dislocations of the acromial articulation, must be finally successful.

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38 *Maverick Square, Boston, Oct., 1855.*

BIOGRAPHICAL SKETCH OF THE LATE S. S. WHITNEY, M.D.

To the Editors of the Boston Medical and Surgical Journal.

GENTLEMEN,—I send you inclosed a sketch of the life of the late lamented Dr. Samuel Stillman Whitney, of this place, written by A. Mason, M.D., of Billerica, one of his former pupils. By giving this biographical outline a place in your widely-circulated Journal, you will gratify very many of his professional brethren, your subscribers.

ONE OF THEM—E. P. B.

Dedham, October 12, 1855.

SAMUEL STILLMAN WHITNEY was born at Natick, Mass., January 6th, 1815. He fitted for college at Leicester, and entered Harvard University at the age of 14. After remaining a year at Cambridge, he removed to Amherst to finish his collegiate course there. Towards the close of it, however, a long sickness having interrupted his studies, so as to prevent his graduating with his class, he con-

cluded not to take a degree. His parents had intended to educate him for the ministry; but being strongly inclined towards medicine, with their consent he immediately entered the office of Dr. S. H. Spalding, then practising at Natick, and applied himself with great diligence to his medical studies.

The following year he entered the office of the late lamented and eminent Dr. John D. Fisher, of Boston, whose friendship and confidence he always possessed. The last six months of his studentship were passed at the City Institutions at South Boston. He received his diploma at Boston, in February, 1838.

While at South Boston, a vacancy occurred at Newton, Upper Falls, by the death of Dr. Alfred Hosmer, and by the advice of friends, he at once opened an office there. He succeeded rapidly in gaining the confidence of the community and consequent practice, and in the course of the year was married to Miss Sarah Spalding, only child of his first preceptor.

During the six years which Dr. Whitney spent at Newton, he secured a practice extending far beyond his immediate neighborhood, requiring very long and tedious rides; but he still found time, stolen from the night, to prosecute his studies and keep himself well informed of all the additional contributions to medical science.

Cerebral auscultation was a favorite subject with Dr. Fisher, who did so much in this country, by the translation of Laennec, to introduce a knowledge of thoracic exploration, and the value of the physical signs. Partaking of the enthusiasm of his instructor, Dr. W. pursued his investigations with zeal, and as the results of his first years of practice, contributed a valuable paper on the subject, with cases, to the *American Journal of the Medical Sciences*—a paper which was thought worthy of being re-published in a foreign Journal.

Nor were these first years of practice destitute of other fruits. He was one of the first operators for strabismus in this country; he successfully attempted staphyloraphy, and pursued, with enthusiasm, a series of operations for the surgical relief of epilepsy. The results of these last operations he never published, though it was his intention to do so; unfortunately he deceased before that age when men usually find leisure to give the results of their experience to the public. It may be briefly stated, however, that in no case, followed by secondary accidents, did they give relief; but only where a mechanical source of irritation, from accident or disease, was well ascertained.

Having disposed of his practice at Newton, Dr. Whitney removed to Dedham in 1844, carrying with him a well-established reputation. He hoped, in this larger and more central field, to be relieved of much of that necessity for physical exertion, which told heavily upon his time and strength. In this, however, he was disappointed; his practice soon extended to unprecedented limits, making large demands upon his system, and undoubtedly bringing on the disease which eventually, and after much suffering, terminated his life.

Before, however, permanently settling in Dedham, he passed a year in Europe, making careful use of its advantages. He especially followed Velpeau, Andral and Piorry. On leaving Paris, Piorry presented him with his own long-used plessimeter, as a parting gift; a souvenir which, though he did not often use it, preferring one of his own phalangeal bones, he was always proud of as a memorial of the great percussor.

Dr. Whitney was thoroughly educated in auscultation and percussion, under the tuition of Dr. Fisher, and it may be safely said that few ever surpassed him in delicacy and quickness of ear. In addition to his large general practice at Dedham and vicinity, Dr. Whitney paid particular attention to surgery. He was successful in all the greater operations, and more especially in the arts of modern surgery for the cure of congenital or accidental deformities. The operation for cleft palate he performed many times, and treated with success a gentleman from Canada, who had been unsuccessfully operated upon by the celebrated Dieffenbach. For this operation, in addition to his fee, his grateful patient presented him with a silver tea service. His surgical cases came from distant parts of the country.

In the fall of 1848, in the midst of these active pursuits, Dr. Whitney was attacked with diarrhœa and sub-acute enteritis. His case afterwards became interesting in a pathological view. Too ambitious to give up practice, or to restrict himself to the limits of his own neighborhood, or finding it impossible to refuse the calls made upon him for attendance or consultation in distant towns, he continued to ride night and day, and in all weathers. The diarrhœa assumed a chronic form, alternating with sore mouth, which was even more troublesome than the diarrhœa, and also prevented his taking the nourishment his active habits required. From time to time the enteritis would confine him to his bed. Several times he was brought to the brink of the grave, but recruited again after a sea voyage or a short residence in a warmer climate.

About three years ago he began to feel a numbness in his lower limbs. This gradually increased upon him; and, skilled as he was in the knowledge of his own case, he foreboded the final paralysis which ensued. He sailed for Havana in March last. As usual his health somewhat improved, but not the numbness of his feet. His medical attendant having business at home, and anticipating no sudden crisis, left him. His true friend and relative by marriage, Capt. Williams, with whom he made the voyage, was obliged to sail for Europe. While standing on the capstan of a vessel to wave him an adieu, as he left the harbor, he was suddenly seized with paraplegia. He was lifted into a berth, and the next day, in this helpless and unattended condition, he took the steamer for home. The effects of the first shock had but slightly left him, when immediately on his arrival at Dedham he experienced another. The paralysis soon invaded his bladder and rectum, and gradually reached his lungs, his mental faculties remaining perfect to the last. He

died at his residence in Dedham, peaceful and resigned, in the bosom of his young and beloved family, June 30th, 1855, aged 40.

Few men have accomplished more at so early an age. Cast in a tall and manly mould, his personal appearance was calculated to make an impression upon those with whom he came in professional contact. An anchylosis of one knee, the result of an accident received in his academic days, instead of retracting from, rather added to the dignity of his carriage. He was remarkably generous in disposition, and this, with a peculiar suavity in his manner, and unbounded confidence in his skill, strongly attached to him a large circle of students, patients and friends.

It is, perhaps, unavoidable amid the conflicting interests and competitions of our profession, that misunderstandings and alienations will not occur. This is a danger most likely to happen, and has always most often happened, to men of strong and original minds. In the wide influence which such men exert, in the popular influence which sustains them, in the self-consciousness of strength, and the lurking idea of unjust and jealous treatment, the necessity and beauty of harmony in our profession is too often overlooked. This is to be regretted. Happily it does not often extend beyond the area of immediate competition.

So great was the confidence of the public in Dr. Whitney's skill, that his frequent absence and sickness did not seriously interfere with his business. Even up to the last moment, patients continued to solicit his advice, and when he could no longer see them, desired to have their symptoms reported to him, in order to receive the benefit of his counsel.

Dr. Whitney excelled in that intuitive faculty which grasps a disease as a whole, and in that patient perseverance which follows it to the end, till health is restored. To this end his wonderful power of inspiring confidence greatly assisted.

Often solicited to enter the city, he remained steadfast to his beautiful country home, and satisfied with his honors and rewards. And now, his labors ended, beneath the leafy shadows of his own quiet and lovely burial place, all that is mortal of the faithful physician, the christian and friend, reposes.

A. M.

**BELLADONNA IN ACUTE PERITONITIS—ITS ACTION UPON THE
BLADDER—TREATMENT OF NOCTURNAL ENURESIS.**

[The following case is translated from the *Gazette des Hopitaux* for April 21, 1855, and the patient was under the care of M. Trouseau.—Eds.]

A girl, between 12 and 13 years of age, was taken suddenly, about five weeks since (date of record April 21st, 1855), with violent diarrhœa, accompanied by colic; the abdomen being sensitive on pressure. On the day succeeding the attack, the diarrhœa ceased, but the pain of the abdomen continued, and there was enlarge-

ment of that cavity. The patient entered the Hospital (Hotel Dieu), and peritoneal effusion was diagnosticated.

From the mode of access of the affection, the rapidity of the process of effusion, the persistence of the pain and the sensitiveness of the abdomen, M. Trousseau decided that there was superficial inflammation of the peritoneum, which membrane secreted the fluid found to be effused. The first indication, in his opinion, was to annul the nervous sensibility, and thus gradually to stanch the morbid peritoneal secretion. To this end he directed that the abdomen be covered with an aqueous infusion of belladonna and opium, and that a large cataplasm be placed over it in addition. Under this treatment, continued for several successive days, the pain and tenderness on pressure were removed, and the effused fluid was very quickly absorbed.

This very rapid cure, which shows the great energy of the treatment (originating with Dr. Graves, of Dublin), is not the only result, of clinical importance, obtained. It was found, after the above medication, that the little patient had retention of urine. This is a very interesting fact in another point of view.

Some years since, a physician in Algeria published a work with the intention of showing that belladonna paralyzed the muscles of the bladder. The above case seems to support this writer's views; but another question attaches to the fact mentioned. The paralyzed condition of the bladder, under the action of belladonna, gives an explanation of the *modus operandi* of the treatment of nocturnal enuresis by belladonna, which was proposed empirically by M. Bretonneau a few years since.*

Those affected with the above-mentioned infirmity lose their urine during their first sleep. Older children, it is presumed, take the precaution to urinate before lying down for the night; little children, also, are quite constantly made to pass their water before being placed in bed. It is not, then, because the bladder is distended to excess that the urine flows away. Moreover, we should observe that individuals who thus suffer by night hold their water very well by day; and that they even urinate slowly, or *stiffly*, as the common phrase is (*qu'ils pissent même en general roide, comme on dit vulgairement*). It is, indeed, only during the period of sleep, when the genital organs are more prone to excitation, that enuresis takes place. From these facts we naturally conclude, that relaxation of the sphincters is not the cause of the involuntary,

* In the interesting monograph entitled *Therapeutical Virtues of Belladonna*, by Dr. Debreyne, and which was published in 1852, we find a short discussion upon the alleged claims of M.M. Bretonneau, Trousseau, Morand, Blache, Anglada, and certain others, to the discovery of the curative powers of belladonna in cases of nocturnal incontinence of urine. The year 1844 has been given as the date of the first researches and observations upon this subject. (*Mémoires et Observations Cliniques de M. Morand*.) M. Trousseau affirms that M. Bretonneau had mentioned the efficacy of belladonna in the above affection to several physicians, long previous to 1844. M. Morand states that he had employed it in such cases since 1840. Finally, M. Debreyne himself declares that he had recourse to this remedy more than thirty years ago, but that he abandoned it, not finding it so successful as he had expected, possibly from defect in the preparation of the article used. He has since resumed it, and has found excellent effects from its use; he reports one remarkable instance, among several others.

emission of urine, but rather that this arises from a sort of erethism of the muscles of the bladder. Since, then, belladonna has the power of calming this erethism, and of diminishing the muscular contractility of the viscus, it seems to be very appropriately employed in the treatment of the affection referred to. This opinion is now established by numerous successful trials. M. Trousseau, in such cases, prescribes the aqueous mixture of belladonna to be used externally, with friction, and the powder of the same drug, to be given, internally, in the dose of from *one to two centigrammes* (one fifth to two fifths of a grain) daily.

If both nocturnal and diurnal incontinence of urine exist, however, the belladonna treatment should by no means be employed; such a procedure would be extremely faulty; for in such a case there is doubtless an actual relaxation, a more or less complete paralysis of the sphincter and vesical muscles, and this condition would be only increased by the administration of belladonna.

Hospital Reports.

MASSACHUSETTS GENERAL HOSPITAL.

Incontinence of Urine of five years' standing, relieved by Injections of Nitrate of Silver.—(Under care of Dr. STORER. Reported by Mr. JAMES C. WHITE, Medical House Pupil.)

Charlotte P., æt. 21, entered the Hospital April 13th, under the care of Dr. Jackson. She came to Boston from Nova Scotia three years ago, to get relief from incontinence of urine, and had, while here, been under the care of several physicians without benefit. The trouble commenced five years ago, quite gradually, but was not so severe as to prevent her engaging in the duties of a domestic. Occasionally, however, she was obliged to desist for two or three weeks, on account of dysuria. For a year past, the incontinence had been complete, the urine dribbling away continually, mixed with mucus and accompanied with scalding. For the last few weeks she had kept her bed. There had been loss of strength and flesh, with a diminution of the catamenia, within a few months, and an increasing weakness and tenderness of the hypogastrium. She knows no cause for the difficulty, nor when a child was she so afflicted.

Analysis of the Urine, by Dr. BACON.—Pale, cloudy, acid—density 1.018. A moderately large deposit of pus-globules, with some epithelium.

She was treated with infusion of buchu and juniper till May 1st, when she came under the care of Dr. Shattuck. During this time, there were days when there would be a slight diminution of the incontinence and dysuria, but only for a few hours duration.

The bladder was at this time examined with a sound, and found very irritable—not contracted, and without trace of a calculus. On the 7th, she complained of chilly turns at night, followed by excessive re-action. On the 10th, analysis of the urine showed very little change, merely a lighter specific gravity.

The treatment during the month of May consisted in the administration of various diuretics, but she suffered much from pain in hypochondrium, and the urine dribbled away nearly constantly.

June 1st, she came under the treatment of Dr. Storer.

2d.—On examination the vagina was found of a vivid red color, and the catheter was passed with much pain. A solution of nitrate of silver, gr. iv. to $\mathfrak{z}$ i., was injected into the bladder, and the mucous membrane of the vagina was washed with the same.

3d.—Injection caused much pain, of two hours duration. There was still some soreness, but the incontinence was thought to be less.

4th.—The incontinence returned, and the injection, gr. ij. to $\mathfrak{z}$ i., was repeated. Great suffering was produced by it, which was relieved only by the inhalation of ether; injections of slippery elm and laudanum being without effect.

5th.—The urine was passed only three times during five hours, and on the 6th there was still less incontinence, though she complained much of local pain.

12th.—The incontinence, which had been partial only, for several days past, became complete, and the injection was repeated of the same strength. Very severe pain was produced, and only relieved by inhalation of ether. Urine the next day passed but four times in fourteen hours. The injections were administered every day until the 18th, always with much pain, which was relieved by ether. On that day there was micturition but twice during sixteen hours. An analysis of the urine at this date, showed the presence of pus and epithelium, with mucus and oxalate of lime.

The same course of treatment was kept up until the 28th, when the injections were omitted, owing to the increasing tenderness in the hypogastric region and the large amount of pus in the urine. The mucous membrane of the bladder was also discharged in shreds, to a considerable amount. As a result of inflammation, also, the ammonio-magnesian phosphates and the phosphates of lime were discharged in very large amount. The pus became gelatinous and microscopically changed by the alkaline condition of the urine. Some albumen, referable, however, to the presence of pus, was also found. The health suffered generally from the severity of the symptoms, which were relieved at the end of a fortnight by injections of infusion ulmi and by leeches.

July 8th.—She was seized during the evening with convulsions, lasting nearly half an hour, resembling epilepsy. She had never before experienced such an attack; but it should be stated here, that she had six subsequent and similar attacks up to October 1st. On the 22d, no tenderness was felt upon pressure over hypogastric region, and the nights were generally passed without micturition. The incontinence returned, however, every afternoon.

August 3d.—Complained much of bearing-down pain about the bladder, and, on examination, the whole vagina was found of a vivid red color. Incontinence had much increased. A vaginal enema was directed, of nitrate of silver gr. vi. to $\mathfrak{z}$ j. of water, but through mistake it was injected *per urethram*, and followed by great local suffering, but with entire relief of incontinence.

6th.—Having experienced so much relief from the use of the injections, she begged that they might be repeated, being willing to suffer the great pain they occasioned her. They were therefore ordered, gr. ij. to $\mathfrak{z}$ j., to be given every day. At the end of four days there was another discharge of portions of the lining membrane of the bladder. They were again omitted until the 12th, when, on the return of incontinence, they were repeated. She continued perfectly free from difficulty till the 15th, when the symptom re-appeared, and an injection was again given. Relief was

complete, and this continued till the 21st, when an injection was again given. From this time up to Sept. 6th, she was entirely free from any incontinence, when, on its re-appearing, slightly, the same kind of injection was administered. A month has now passed without any return of the trouble. The urine is passed three or four times only, daily, and she feels entirely relieved. Before the adoption of this treatment, not a day had passed, for five years, without her being obliged either to pass her water several times an hour, or to let it dribble away involuntarily. She now feels that she has a perfect control over her bladder, but still remains in hospital for a short time, to recruit her strength before returning to Nova Scotia.

Caries of the Upper Jaw, from exposure to the Fumes of Phosphorus.—
(Under the care of Dr. CABOT.)

Alice Donohue, æt. 21, born in Ireland, entered the Hospital July 21st, 1855. For the last three years she had worked in a friction-match factory. About two years before her entrance into the Hospital, she began to have severe pain in the second molar tooth of the left upper jaw. The tooth was carious, and was removed, but the wound always remained open, although the pain ceased. Last December, there was swelling affecting the whole gum on that side, and extending inwards to a considerable extent over the roof of the mouth. Soon after this, there was a discharge of pus from the alveolus of the tooth, and also from the left nostril, and this state of things still continued, the swelling not having diminished since the abscess first broke. Soon after the tooth became affected, one of the others became loose and painful, and was extracted. Meantime the left cheek had become unnaturally full, and still remains so. In March, the alveolar process was found to be diseased, and all the remaining teeth of that maxilla were extracted except the two incisors, and the wisdom tooth. Several pieces of dead bone were removed, and the antrum was found to communicate with the mouth. In May, the jaw became again the seat of pain, which in the course of a month increased to such a degree as to prevent sleep. More dead bone was removed, and the patient was advised to leave the match factory, which she did. Since June 1st, one of the remaining incisors has been removed. The dens sapientiæ has not yet appeared.

On entrance, there was much swelling, soreness and pain about the gum and roof of the mouth. The middle incisor remained, but was quite loose. The antrum was open, and there was a good deal of semi-purulent, offensive discharge. The patient was etherized, and several small fragments of carious bone were removed. A gargle of ten grains of tannin to an ounce of rose-water was ordered.

The patient was very much relieved by the operation, and slept well. The offensive odor of the discharge was almost entirely corrected by the gargle. On the 11th of August, Dr. Cabot removed the remaining incisor, and some fragments of dead bone, one of them being as large as a walnut. On the 24th, the wisdom tooth was removed, with a small portion of the alveolar process. The patient was relieved from pain, continued to improve, and was discharged, well, on the 24th September.

Bibliographical Notices.

Elements of Medicine : a Compendious View of Pathology and Therapeutics ; or the History and Treatment of Diseases. By SAMUEL HENRY DICKSON, M.D., LL.D., Professor of the Institutes and Practice of Physic in the Medical College of the State of South Carolina. Philadelphia : Blanchard & Lea. 1855. Pp. 752.

This book is eminently what it professes to be ; a distinguished merit in these days. Designed for "Teachers and Students of Medicine," and admirably suited to their wants, we think it will be received, on its own merits, with a hearty welcome. Whenever the more advanced practitioner has occasion to refer to Treatises on the Practice of Medicine, he will consult this volume with pleasure and profit, although he may find the works of Watson and Wood more suited to his purposes. While mentioning these, we take occasion to express our surprise that so few practitioners, in this neighborhood at least, have upon their shelves the invaluable work of Grisolle upon "Internal Pathology." The real worth and large amount of information possessed by this treatise, can hardly be appreciated ; it is a worthy companion to the "General Pathology" of M. Chomel.

Dr. Dickson writes in a clear and vigorous style, and evinces extended and varied research. An esteemed friend, who examined the work at our request, thus speaks of it in general terms :—"It seems to be a good book for students in medicine and for young practitioners ; it advances no new ideas in theory or practice, but appears to be a *resumé* of all the improvements in therapeutics and diagnosis, since the days of Watson and Wood. One good trait I noticed ;—it avoids, in a great degree, allusions to many theories and opinions ; states what is now *known*, and advocates, in *some measure*, a less frequent use of the lancet and a greater reliance on the recuperative powers of nature."

This opinion covers the ground so well, that we need hardly say more in reference to the scope and design of the work. With our correspondent, we consider the freedom from theoretical discussions and finely spun imaginations one of the greatest recommendations of this or any work on practical medicine. The time allotted to studentship is short enough, at best ; and should be given to the acquisition of the *unmixed* "Elements" of medicine and surgery.

We conclude our notice with a few specifications of subjects, &c.

Under Etiology, dietetics are sensibly referred to among "Incidental Causes." We see that Dr. Dickson notices a custom, so universal that we suppose it will be considered as stereotyped, and consequently never to be broken up. We think every medical man will agree with our author in questioning the safety of the habit ; we should adopt even unqualified condemnation of it, and have done so many times in the cases of dyspeptics. "Man is the only animal," says Dr. D., "who drinks while he is eating, and it is worthy of consideration whether this habit is not hurtful. The gastric juices must be thus diluted, and the temperature of the stomach lowered greatly. This is especially true at the present day, when all our beverages are either drank as hot as we can swallow them, or cooled by ice nearly to the freezing point. Those who follow abruptly a basin of soup with a draught of iced-water or champagne, unquestionably run an unphilosophical risk, the consequences of which they will not always, probably, evade."—(Pp. 36, 37.)

"Occupations" are commented upon with much sagacity, and a large

amount of information absolutely requisite to students of medicine, is given in that condensed form best suited to their requirements, and most easily retained by the memory.—(Pp. 42—46.)

"Dyspepsia" is considered at some length among the individual descriptions of diseases. The author gives us a very sensible enumeration of causes and effects, and the chapter may be read with great advantage by every one. The effect of the passions and mental emotions, in the causation and aggravation of dyspepsia in its various forms, is well noticed. In no one of the different phases of this disease (which may almost be termed a *national* one with us), is the influence of these causes more marked than in pyrosis; instances under our own observation have confirmed this opinion. Anxiety, care and excessive devotion to business, with over, and hasty feeding, are the ever-present causes of a vast amount of disease, whose first manifestation is a simple indigestion.

We can cheerfully recommend this book as carefully prepared, well written, and suited to answer the ends for which its author says it was composed.

The external appearance of the volume accords with the excellence which almost uniformly attaches to the publications of Messrs. Blanchard & Lea. The rather lengthy list of "Errata" is to be regretted, and we have observed that two or three additions to it might be made.

American Eclectic Obstetrics.—By JOHN KING, M.D., Professor of Obstetrics and Diseases of Women and Children in the Eclectic Medical Institute of Cincinnati, Ohio; Author of the "American Eclectic Dispensatory, &c."

Our readers are well aware that we have no sympathies with the so-called "Eclectic" school of medicine. Our science can never be advanced by a system which sets itself in opposition to regularly educated practitioners, which decries medical schools of established reputation, which derives all the good which it possesses from that portion of the profession which it affects to despise and endeavors to injure. Although this is the general tone of the eclectic press, we are happy to say that Dr. King is far more liberal than most of his brethren towards the regular profession. We quote, in justice to him, his sentiments on this subject.

"Yet it is not in accordance with Eclectic precepts and teachings to assume an arbitrary authority in any matters connected with the science of medicine; it is the right—it is the imperative duty of every physician to thoroughly and impartially investigate every subject connected with his profession, no matter by whom presented; he cannot, with any degree of justification, attach his medical faith to the sleeves of any man—he alone is responsible for the health and lives of his patients—and, after a fair examination of medical matters, it is his equally his right and duty to pursue those views and measures which he has decided to be correct, carefully avoiding, however, every means which past experience has demonstrated to be injurious and deleterious to the human system. This is American Eclecticism, and that physician only, who rigidly and honorably follows this plan, no matter in what school he may have graduated, is the true American Eclectic. Therefore, while not desiring to authoritatively force any partial or sectarian views and treatment of Midwifery upon the Profession, the Author sincerely hopes that sufficient credence will be accorded to the statements herein given, as to induce others to test and avail themselves of the remedies and treatment which, in his estimation, are unequalled by any others known."

We have carefully examined Dr. King's work, and can honestly recom-

ment it as a safe and judicious guide both to the student and to the practitioner of midwifery. In the treatment of the different subjects it differs but little, if at all, from the standard works on obstetrics in the English language, except that the employment of a number of articles of the *materia medica* not much in vogue among regular practitioners is much insisted on in the medical treatment of women in the puerperal state. At the close of the volume is a short treatise on "*obstetric materia medica*," in which these medicines and their effects are described. Those physicians who are unacquainted with *Podophyllin*, *Gelseminum*, *Cimicifuga*, *Aletris*, *Asclepias*, *Gossypium herbaceum* (cotton), &c., will here find full accounts of their alleged virtues. The work is well printed, and illustrated by numerous wood engravings. Published by Moore, Wiltach, Keys & Co., Cincinnati, O.

Osteological Memoirs, No. 1.—*The Clavicle*. By JOHN STRUTHERS, M.D., Fellow of the Royal College of Surgeons of Edinburgh; Lecturer on Anatomy. Edinburgh: Sutherland & Knox, 60 South Bridge. London: Simpkin, Marshall & Co. 1855. Pp. 90.

An admirably printed pamphlet with the above title constitutes the first of "an intended series" of memoirs, each of which will, however, "be complete in itself." We have examined the first with great satisfaction, and believe that anatomists will thank Mr. Struthers most heartily for his contribution to their treasures. The author says, very truly, that descriptive anatomy is "far from being an exhausted science." The chief value of this little volume is that all its results are derived from practical experience. All the descriptions are from Nature; nothing is taken at second-hand. The style is lucid and conducive to easy recollection; the measurements are the result of many careful comparisons; the various points of importance and interest are most thoroughly discussed, and the whole is brought within the easy limits of ninety pages, and is so interesting, that we could wish for as many more.

The clavicle is, at first, generally considered, and subsequently its relations, form, varieties, relative strength of its different parts, results of fracture, principles of construction and mechanism, structure, variations with sex and side of body, &c.

We consider this book a most valuable addition to a medical library. While professed anatomists and surgeons will frequently consult it with advantage, students will find it an invaluable manual. The directions of the author, however, should be strictly followed, if all the benefit possible would be realized:—he says, "I must request that he (the reader) will take the bone in his hand, or indeed, have several specimens of it before him, so that he may follow me in the process by which the results are arrived at. He will thus see what the difficulties have been, and in the end will understand the bone."—(*Preface*.)

Examined in this manner, the bones acquire an absorbing interest, and, indeed, thus only can a true knowledge of them be acquired. Too often they are "dawdled" over by students, who soon grow weary of their dry description; but any one who will follow out the author's plan, can hardly fail to find pleasure as well as profit.

There is so much that is excellent as well as modest in the prefatory remarks, that we transcribe a portion of them. The author says,

"Each new discovery, or method, or addition, opens the way to farther research and thought, and each new and greater application brings out new facts and principles, which gradually unfold themselves under the patient

exercise of observation and thought, the combined use of the bodily and mental eye. I do not write thus of anatomy from enthusiasm, ten years in a dissecting room and at the lecture table afford ample time and occasion for mere enthusiasm to cool; but the longer I teach it, and the more I look into it, the more do I find it a rich field inviting new and farther investigation.

"These Memoirs I offer to my fellow-anatomists as mere fragments of Osteology, from among the fruits of study in leisure hours, conscious of their many imperfections; asking them, in the words of a well-known writer, to 'remember that the only merit to which I lay claim is that of patient research—a merit in which, whoever wills, may rival or surpass me; and that this humble faculty of patience, when rightly directed, may lead to more extraordinary developments of idea, than even genius itself. What I had been slowly deciphering, were the ideas of God as developed in the mechanism and framework of his creatures.'"

We predict a wide circulation for this and the promised numbers of the series.

The Book of Prescriptions, containing 2900 prescriptions collected from the Practice of the most eminent Physicians, English and foreign, &c. By HENRY BEASLEY. Philadelphia: Lindsay & Blakiston. 1857. 12 mo. Pp. 369.

Mr. Beasley is well known as the author of the "Medical Formulary," and the "Druggist's Receipt Book," both of which are works of great value, and have gone through numerous editions in England and this country. The present work consists of a very extensive collection of prescriptions, derived from competent authority, and each placed under a short description of the principal ingredient. The arrangement is alphabetical, thus affording the most convenient means to the physician of finding, under any article of the *materia medica*, the various combinations with other medicines of which it is capable, with the most useful formulæ as recommended by high authority. The plan of the work is novel, and it cannot fail to be highly useful. The weights and measures of the foreign prescriptions are of course rendered into the corresponding English ones, but we would suggest the propriety of adding, in a future edition, a few tables by which one could find at a glance the English weight or measure corresponding to the French, without the necessity of going through a calculation. This is especially necessary for French fluid measures, which are always expressed (by medical writers) in weights, and which there is no convenient way of readily converting into English ones. The execution of the American edition does credit to the publishers, whose enterprise, we observe, outstrips time itself; the work having been printed (as if by electric telegraph) in 1857!

American Veterinary Journal, devoted to the Diffusion of Veterinary Knowledge.—By GEO. H. DADD, M.D.

WE have received the first number of this Journal, which contains several interesting articles on veterinary subjects. We hope the Journal will be liberally sustained. If well conducted, it cannot fail to be a great advantage to all interested in horses and agriculture. The work is well printed, and will be published monthly at the low price of one dollar per annum, or six copies for five dollars. Published by S. N. Thompson, 97 Union St., Boston.

 THE BOSTON MEDICAL AND SURGICAL JOURNAL.

 BOSTON, OCTOBER 25, 1855.

ON THE ORTHOGRAPHY OF WHOOPING COUGH.

THE last number of the Medical Examiner (of Philadelphia) comments upon some remarks in our issue of Sept. 20th, on the proper manner of spelling *Whooping-cough*, and quotes Webster, Walker, Drs. Wood, Copland, Watson, Williams, Forbes, Walshe and others, all of whom write it with an H. The Examiner concludes by saying, "We do not intend to *hoop* or make a loud cry about the matter; all that we wish to know of our orthographical friend is, whether he still holds on to his W. We pause for a reply."

We regret to have made our esteemed contemporary pause so long;—strictly professional matters have prevented us from bestowing that attention upon a point of philology which the editor of the Examiner thinks the subject demands. Our chief reason for retaining the W in spelling "Whooping Cough," is that although the word is written both ways by lexicographers and authors, yet it is derived from a word beginning with that letter. Dr. Johnson says, "To *Hoop*, [from *wopgan*, or *wopyan*, Goth.; or *houper*, Fr., derived from the Gothic. This word is generally written *whoop*, which is the more proper if we deduce it from the Gothic; and *hoop*, if we derive it from the French], to shout," &c. (Dictionary, 4to ed. London, 1822.) Richardson, Webster and other authorities follow Johnson. The French of course omitted the W., because the letter does not exist in their language, and as they have no other similar word with which it might be confounded, this gave rise to no inconvenience. But surely there was every reason for retaining the prefix in English, where the letter already existed, and where its employment served to distinguish the word from another, similarly pronounced, but of wholly different meaning; and in fact the word was written both with, as well as without, the W, by the early English writers. We may observe, by the way, that when the W was omitted, the French orthography was employed throughout, "*houpe*." Thus in Chaucer (The Nonnes Preestes Tale), "And therewithal they shrieked and they *houped*." Whereas Spenser (Faerie Queene), writes "Whooping and hallowing on euery part." We take it for granted that Webster, in citing Shakspeare as an authority for the employment of the word "*Hoop*" in the sense of "to drive with a shout or outcry," did not mean to intimate that it is spelled without the W in any edition of the Poet's works. "*Hoop*" in the above sense nowhere occurs in Shakspeare, although the word *whoop* is found twice, *whooped* once, and *whooping* once.

Desirous of obtaining all possible information upon the subject, we applied to a friend whose philological learning gives great weight to his opinion; he kindly furnished us with the following list of words, some one of which is probably the primitive from which *whoop* is derived;—they are taken from several kindred languages, now mostly extinct. *Hop* (Saxon), anything circular. *Hopen* (Sax.), to surround. *Wyope* (Mæso-Gothic), cry of suffering. *Wopyan* (Old German), to shout, to clamor. *Wyopen* (Old Danish and Norse), to cry with pain. *Yape* (Swedish), to cry out, to cry with difficulty. *Hwt* (Welch), shout, clamor, cry of the owl. *Hwodh* (Erse), cry of the owl.

Since both methods are sanctioned by usage, that ought to be adopted which is most conformable to the primitive word, and most likely to prevent confusion; and although a considerable number of eminent medical writers omit the W, we need hardly say that we consider them of no authority in matters of orthography. We assure our friend of the Examiner, that *we still hold on to our W.*

NIGHT ALARM FOR PHYSICIANS.

By invitation, we have recently examined, at Joy's Building in this city, an invention that must prove exceedingly serviceable to active medical practitioners, and we have no doubt a description of it would prove interesting to them. In the first place, there is a kind of clock movement—a coiled spring, a ratchet wheel and a small bell—which may be screwed to the wall in a sleeping-chamber, at the head of the bed or over a dressing table, and a wire leads from it to the door-bell. On retiring, it is wound up, and the alarm wire is simply hooked on. When the bell-pull is drawn, at the front door, the alarm bell begins to strike rapidly, and in the same moment a match lights a spirit lamp. Thus the physician is not only roused, but he finds himself furnished with a bright light by the faithful monitor. Such is the simplicity of the machine, that it rarely becomes disordered; and, another point essential to its introduction, is its cheapness. Apothecaries would be equally benefited by the use of this night alarm; and as it is important that they should be in a condition to accommodate the public immediately on call, this invention bids fair to become a favorite with them.

DR. MATTSON'S NEW SYRINGE.

WE would call attention to Dr. Mattson's new elastic syringe, which physicians have occasion for recommending to some of their patients. One of its peculiarities is, that there is no piston, and hence it is always in order. The mechanical nicety and finish of the instrument, together with its portability, packed away in a small case, contrasts favorably with those heavy black-tin contrivances so generally in use. Medical gentlemen are recommended to examine this convenient apparatus, at the drug stores, since it may be a gratification, at least, to mark the progress that is going on in this department as in almost every other in this utilitarian age.

The accompanying wood-cut illustration will give the reader a good idea of the construction of the instrument, as well as of the method of holding it when in use. Nothing could be more simple or admirable. T. Metcalf & Co., 39 Tremont St., are Agents.



QUARANTINE AND YELLOW FEVER AT NATCHEZ.

The following statements respecting the thorough trial of a strict quarantine to protect the city of Natchez against the admission of yellow fever, are from the last number of the New Orleans Medical News and Hospital Gazette. We unite our regret with that of the writer, that so rigid a quarantine should have proved wholly ineffectual in this instance.

"One of the most interesting and important circumstances connected with the history of yellow fever is its recent appearance at Natchez, Miss. Having suffered from this scourge in 1853 to an extent truly appalling, the community, instigated by one of their most able and accomplished physicians, determined on the establishment of quarantine during the summer of 1854, hoping thus to preserve the health of their city. All accounts would lead us to infer that this quarantine was as rigidly enforced as human efforts would admit of. Natchez escaped an epidemic, and the existence of even a single case during the season was never officially announced or admitted, so far as we are aware. We must not omit to say, however, that one or more of the most intelligent of the Faculty declared the existence of one or more palpable cases, and, if we mistake not, there was considerable excitement, and, perhaps, asperity of feeling exhibited by our brethren there through the medium of the newspapers. The absence of anything approaching an epidemic, however, satisfied the community, and they were convinced that they had found in quarantine a guardian angel for all future time.

"As soon as yellow fever was announced in New Orleans this summer, the City Council of Natchez determined on the re-establishment of quarantine, and all accounts tend to show that the same was, if possible, more rigidly enforced than it was in 1854. What has been the unhappy result? The following extract from a Natchez paper will show:

[The extract alluded to contains the proceedings of the Board of Health of Natchez on the 8th of September last, when it was announced by Dr. Blackburn, Health Officer, that yellow fever existed in the city; and resolutions were passed that the citizens be officially notified of the fact, and advised to take such measures for their safety as they might deem best.]

"We must say that we most heartily sympathize with the community of Natchez, both in their distress and their disappointment, and we sincerely trust that their sufferings this season may be very limited. It is a matter of sincere regret that we have to cite their city as an instance of the failure of rigid quarantine to prevent the ravages of yellow fever. The non-existence of yellow fever in Natchez last year (taking only official announcement), was negative evidence in favor of quarantine; the existence of yellow fever this year, is affirmative evidence against it. Is it to be tried again?"

Books received.—The Case of Luigi Buranelli, Medico-legally considered. By Forbes Winslow, M.D., D.C.L., &c.—Statistics of two hundred and fifty-eight cases of Intestinal Obstruction, with Remarks. By S. Foster Haven, M.D. (From the American Journal of the Med. Sciences). (From the author.)—Principles of Human Physiology, &c. By William B. Carpenter, M.D., F.R.S., F.G.S., &c. New American, from the last London Edition: edited by Francis Gurney Smith, M.D. (From Sanborn, Carter & Bazin.)—Manual of Directions for the Employment of Injections in various Diseases, &c. By M. Mattson, M.D. (From the author.)

MARRIED.—At Cambridge, on the 9th inst., Dr. Charles Martin, U. S. N., to Miss Fanny J., daughter of the late Pemberton Ward, of Brookfield.—In Brookline, 13th inst., Dr. A. P. Chamberlain, of Springfield, Vt., to Miss Corinne P., daughter of A. A. Frazier, Esq., of B.—At Providence, 15th inst., Dr. E. C. Angell, of San Francisco, to Miss Minerva Rogerson, eldest daughter of Rufus Greene, Esq., of Providence.

DIED.—At Tyngsboro', 18th inst., Augustus F. Pierce, M.D., aged 23.

Deaths in Boston for the week ending Saturday noon, Oct. 20th, 66. Males, 35—females, 31. Apoplexy, 1—inflammation of brain, 3—disease of the brain, 1—bronchitis, 1—consumption, 6—convulsions, 2—cholera infantum, 5—croup, 2—dysentery, 1—dropsy, 1—dropsy in the head, 4—infantile diseases, 9—puerperal, 1—typhoid fever, 5—scarlet fever, 1—bilious fever, 2—whooping cough, 1—inflammation of the lungs, 2—disease of the liver, 1—marasmus, 2—measles, 2—syphilis, 1—smallpox, 2—scalded, 1—teething, 4—thrush, 1—unknown, 3—worms, 1.

Under 5 years, 39—between 5 and 20 years, 7—between 20 and 40 years, 10—between 40 and 60 years, 8—above 60 years, 2. Born in the United States, 50—Ireland, 12—England, 2—British Provinces, 2.

Upon the Digestibility of Iodide of Starch. By Dr. JUTTE.—Many physicians, when prescribing preparations of iodine, forbid the use of amylaceous food; acting upon the theory, that, from the great affinity of iodine to starch, the iodide of starch must be formed, which, as such, would pass from the body *undissolved*, whereby the action of the medicine would be weakened or wholly destroyed. The iodide of starch is, however, of so unstable a composition that it is easily decomposed, even by the saliva; the iodine entering again into soluble *absorbable* combinations, can be again recognised in the urine. In order to prove this, the author gave frequently the iodide of starch. It was prepared in the following manner:—One ounce of wet starch was rubbed up with two drachms of the tincture of iodine, and the mass dried. Of this powder there were taken, three times daily, ten grains, corresponding to one quarter of a grain of iodine at a dose. The examination of the urine was conducted in the following manner:—The urine was mixed with some pulverized starch in a small proof-glass, then a sufficient quantity of chlorine water was added; the previous white fluid became more or less violet-colored from the presence of the iodine; else a large quantity of the urine was evaporated to one-tenth of its volume, then a few drops of sulphuric acid added, and immediately a paper spread with starch paste held over it. In every case, when the iodide of starch had been taken, the author succeeded in detecting the presence of iodine in the urine. Sometimes it was difficult, immediately after the first dose of the iodide, to detect the iodine, there being but a slight re-action, on account of the insufficient sensibility of the re-agent, which, however, becomes evident when several doses are given. In such cases, one can use the chloride of palladium, which is extremely sensitive, and leaves no doubt of the final passage of the iodine into the urine. It seems, therefore, unnecessary to deny the use of amylaceous food to patients while taking iodine. —*Translated for the Medical Examiner.*

Upon the inefficacy of the Phosphate of Lime.—Experiments have been instituted in the Bethany Hospital, at Berlin, with reference to the use of the phosphate of lime recommended by Beneke, in cases of atrophical children, persons with scrofulous affections, caries of the joints, suppurating lymphatic glands, spina ventosa, &c. Not the slightest improvement, not even the amelioration of a symptom, was evidenced. In every instance, an increase of the affection was observed. The preparation ordered was from two to four grains three times daily, which was continued without interruption for eight weeks.—*lb.*

Percyanide of Mercury in Syphilitic Ulceration of the Tongue.—Mr. Wormald, at St. Bartholomew's Hospital, has recently been employing a saturated solution of the bicyanide of mercury, as an application to syphilitic ulcerations, abrasions, &c., on the tongue. Without speaking very enthusiastically respecting it, he states that he has obtained more satisfactory results from it than from any remedy he had previously employed. The solution is painted over the affected part, care of course being taken that the patient do not swallow any quantity of it. The extremely intractable nature of this form of syphilis is matter of general remark. —*Medical Times and Gazette.*

New York College of Physicians and Surgeons.—Professor Dalton's Introductory to the Winter Course of Lectures, at the College of Physicians and Surgeons, was attended by a crowd that completely filled the upper theatre of the old building, No. 67 Crosby street. About thirty ladies were present. At 8 o'clock, Dr. Alex. H. Stevens, the President, stated that this was the forty-ninth anniversary of the College. Dr. Henry recited an impressive prayer. Eight young gentlemen received the honors of the Doctorate, at the hands of Dr. Stevens, in the usual manner. The Doctor stated that he was about to retire into private life, and gave a brief outline of his professional career. This he did in a very feeling manner, and addressed himself very pertinently to his young friends thus inducted into professional practice. Dr. Dalton delivered the Introductory. His matter was so pleasing, and his style so easy, as to secure the closest attention, and elicit, at its termination, the warmest applause.—*N. Y. Daily Times.*

Dr. H. D. Bulkley has resumed the editorship of the New York Medical Times.